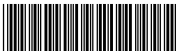


|   |  |   |
|---|--|---|
| <b>Index of Claims</b><br> | <b>Application/Control No.</b><br>10527938 | <b>Applicant(s)/Patent Under Reexamination</b><br>HEMMERT, WERNER |
|   | <b>Examiner</b><br>Arnold Kinkead          | <b>Art Unit</b><br>2817   |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | + | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |            | <input type="checkbox"/> CPA |  |  |  | <input type="checkbox"/> T.D. |  |  |  | <input type="checkbox"/> R.1.47 |  |  |  |  |  |
|--|----------|------------|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|--|--|
| CLAIM  |          |            |            | DATE                         |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
| Final  | Original | 08/02/2009 | 01/18/2010 |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 1        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 2        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 3        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 4        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 5        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 6        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 7        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 8        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 9        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 10       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 11       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 12       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 13       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 14       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 15       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 16       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 17       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 18       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 19       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 20       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 21       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 22       | ✓          | ✓          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 23       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 24       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 25       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 26       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 27       | ✓          | ✓          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 28       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 29       | ✓          | ✓          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 30       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 31       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 32       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 33       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 34       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 35       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |
|  | 36       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |  |  |

|   |  |   |
|---|--|---|
| <b>Index of Claims</b><br><br> | <b>Application/Control No.</b><br><br>10527938 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>HEMMERT, WERNER |
|   | <b>Examiner</b><br><br>Arnold Kinkead          | <b>Art Unit</b><br><br>2817   |

|   |                 |
|---|-----------------|
| ✓ | <b>Rejected</b> |
| = | <b>Allowed</b>  |

|   |                   |
|---|-------------------|
| - | <b>Cancelled</b>  |
| ÷ | <b>Restricted</b> |

|   |                     |
|---|---------------------|
| N | <b>Non-Elected</b>  |
| I | <b>Interference</b> |

|   |                 |
|---|-----------------|
| A | <b>Appeal</b>   |
| O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |            | <input type="checkbox"/> CPA |  |  |  | <input type="checkbox"/> T.D. |  |  |  | <input type="checkbox"/> R.1.47 |  |  |  |
|--|----------|------------|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|
| CLAIM  |          |            |            | DATE                         |  |  |  |                               |  |  |  |                                 |  |  |  |
| Final  | Original | 08/02/2009 | 01/18/2010 |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 37       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 38       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 39       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 40       | ✓          | ✓          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 41       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 42       | O          | O          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 43       | ✓          | ✓          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |